

18-020037

INCIDENT/OFFENSE REPORT										Report Number		MCSO-18-020037				
IL0560000 <b>MCHENRY COUNTY SHERIFF'S OFFICE</b> <b>2200 N SEMINARY AVE</b> <b>WOODSTOCK IL 60098</b> <b>815-338-2144</b> <div style="text-align: center;">JUL 31 2018</div>										CAD Number						
										Occurred From Date		06/29/2018				
										Occurred To Date		06/29/2018				
										Reported Date		06/29/2018				
										Time: 02:26 PM		Time: 02:26 PM				
ADMIN	Nature of Complaint THEFT					CAD CODE			Related Incidents			School Incident <input type="checkbox"/>				
	Location of Incident 3702 Northwest Hwy CRYSTAL LAKE IL 60014					Location Name			Offense Tract AREA 2							
	Photos: <input type="checkbox"/> Evidence <input type="checkbox"/> Victim <input type="checkbox"/> Scene <input type="checkbox"/> Notification/Referrals: <input type="checkbox"/> ET <input type="checkbox"/> INV <input type="checkbox"/> YO <input type="checkbox"/> SW					Name			Miscellaneous			Floor Room				
OFFENSE	ILCS Description THEFT UNAUTHORIZED CONTROL PERSON = OR < \$500										UCR Code 0825		F/M		Counts 1	
	Offense Status 02		Offense Location 05		Structure		Premise Type G		Forcible		Point of Entry		Method of Entry			
	Weapon Used NONE		School Incident Firearms <input type="checkbox"/>		Situation		Bias Motivation NONE		Charge Statute 720-5.0/16-1-A-1							
VICTIM	Victim Name ALGONQUIN TOWNSHIP					Victim is Complainant <input type="checkbox"/>		Victim of Intimidation <input type="checkbox"/>		Home Phone		Cell Phone				
	Address 3702 NORTHWEST HY CARY IL										Email					
	Sex		Race		Date Born		Age		To Age		Height		Weight 0			
	Eye Color		Hair Color		Hair Length		Complexion									
	Ethnicity		SSN		DLN License		DLN State		Employer		Employer Phone					
	SMT					Nickname					Additional					
	Relative					Relative Address					Relative Phone					
	Used: <input type="checkbox"/> Drug <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer					Injured? <input type="checkbox"/>		Injury Code		Nature of Injuries						
	Victim Type S		Victim to Offender		Victim Challenged / Act		Victim Location		Agg Assault Circum 1		Agg Assault Circum 2					
	Offense 1 0825		Offense 2		Offense 3		Offense 4		Offense 5		Offense 6		Offense 7			
Offense 8		Offense 9		Offense 10		LEO Activity		LEO Vehicle								
SUSPECT	Offender/Suspect Name UNKNOWN										Phone		Cell Phone			
	Address										Work Phone		Email			
	Sex U		Race U		Date Born		Age		To Age		Height		Weight			
	Eye Color		Hair Color		Hair Length		Hair Style									
	SSN		DLN		DLN State		Employer		Employer Phone		Occupation					
	Complexion		Ethnicity UNKNOWN		Facial Hair		General Appearance		Glasses Type		Hand Dominance					
	Miscellaneous			Speech		Teeth		Build		Demeanor		Nickname/Streetname				
	Relative					Relative Address					Relative Phone					
	Additional					Injured <input type="checkbox"/>		Injury Code		Nature of Injuries						
	Suspect Forced Victim		Suspect Action		Suspect Solicited Victim		Suspect Force Used		SMTs							
Offense 1 0825		Offense 2		Offense 3		Offense 4		Offense 5		Offense 6		Offense 7				
Offense 8		Offense 9		Offense 10		Used: <input type="checkbox"/> Drug <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer										
VEHICLE	Related To					Type		VIN			Hull Number					
	Owner Name					Owner Address					Owner Phone					
	Make		Model		Color		Year		Style		Status					
	License Plate		Plate State		Plate Year		Plate Expires		Comments							
	Date Recovered		Veh Recovered		Initial Value		Rec Value		Stored At							
	Where Recovered				Who Recovered				Towed By							
	Vehicle Condition				Vehicle Damage				Insured By							
ADMIN	Child / DV / School UCR <input type="checkbox"/>					Contributing Factors		<input type="checkbox"/> Alcohol <input type="checkbox"/> Crimes Against Children		<input type="checkbox"/> Gang <input type="checkbox"/> Salanic <input type="checkbox"/> Drug		<input type="checkbox"/> Domestic Violence <input type="checkbox"/> Hate <input type="checkbox"/> Traffic				
	Exceptional Clearance Code					Date					Internal Clearance Code					
	CASE CLOSED					09					Date 6/29/2018 2:26:00 PM					
	Reporting Officer Name HARPER THERESA					SO6260					Date 6/29/2018 4:07:51 PM					
Investigating Officer Name					PATERNAUDE DANIEL					SO6299						
Date 6/29/2018 7:40:28 PM																

<b>ORI #</b> IL0560000		<b>MCHENRY COUNTY SHERIFF'S OFFICE</b>										<b>REPORT #</b> MCSO-18-020037			
<b>SUSPECTS</b>															
<b>SUSPECT</b>	Offender/Suspect Name EDGAR WATCH BLOG										Home Phone		Cell Phone		
	Address										Work Phone		Email		
	Sex U	Race U	Date Born	Age	To Age	Height	Weight	Eye Color	Hair Color	Hair Length	Hair Style				
	SSN		DLN		DLN State	Employer		Employer Phone		Occupation					
	Complexion		Ethnicity UNKNOWN		Facial Hair		General Appearance		Glasses Type		Hand Dominance				
	Miscellaneous			Speech		Teeth		Build		Demeanor		Nickname/Street Name			
	Relative					Relative Address					Relative Phone				
	Additional					Injured <input type="checkbox"/>	Injury Code		Nature of Injuries						
	Suspect Forced Victim		Suspect Action		Suspect Solicited Victim		Suspect Force Used		SMTs						
	Offense 1 0825	Offense 2	Offense 3	Offense 4	Offense 5	Offense 6	Offense 7	Offense 8	Offense 9	Offense 10	Used: Drug <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer <input type="checkbox"/>				
<b>SUSPECT</b>	Offender/Suspect Name										Home Phone		Cell Phone		
	Address										Work Phone		Email		
	Sex	Race	Date Born	Age	To Age	Height	Weight	Eye Color	Hair Color	Hair Length	Hair Style				
	SSN		DLN		DLN State	Employer		Employer Phone		Occupation					
	Complexion		Ethnicity		Facial Hair		General Appearance		Glasses Type		Hand Dominance				
	Miscellaneous			Speech		Teeth		Build		Demeanor		Nickname/Street Name			
	Relative					Relative Address					Relative Phone				
	Additional					Injured <input type="checkbox"/>	Injury Code		Nature of Injuries						
	Suspect Forced Victim		Suspect Action		Suspect Solicited Victim		Suspect Force Used		SMTs						
	Offense 1	Offense 2	Offense 3	Offense 4	Offense 5	Offense 6	Offense 7	Offense 8	Offense 9	Offense 10	Used: Drug <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer <input type="checkbox"/>				
<b>SUSPECT</b>	Offender/Suspect Name										Home Phone		Cell Phone		
	Address										Work Phone		Email		
	Sex	Race	Date Born	Age	To Age	Height	Weight	Eye Color	Hair Color	Hair Length	Hair Style				
	SSN		DLN		DLN State	Employer		Employer Phone		Occupation					
	Complexion		Ethnicity		Facial Hair		General Appearance		Glasses Type		Hand Dominance				
	Miscellaneous			Speech		Teeth		Build		Demeanor		Nickname/Street Name			
	Relative					Relative Address					Relative Phone				
	Additional					Injured <input type="checkbox"/>	Injury Code		Nature of Injuries						
	Suspect Forced Victim		Suspect Action		Suspect Solicited Victim		Suspect Force Used		SMTs						
	Offense 1	Offense 2	Offense 3	Offense 4	Offense 5	Offense 6	Offense 7	Offense 8	Offense 9	Offense 10	Used: Drug <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer <input type="checkbox"/>				
Reporting Officer Name HARPER THERESA					SO6260		Date 6/29/2018 4:07:51 PM			Approving Officer Name PATENAUE DANIEL		SO6299		Date 6/29/2018 7:40:28 PM	

ORI # IL0560000		MCHENRY COUNTY SHERIFF'S OFFICE <b>OTHER PERSONS</b>				REPORT # MCSO-18-020037					
OTHER PERSONS	Involvement Type REPORTEE		Name LUKASIK, KAREN E				Home Phone		Cell Phone		
	Address								Email		
	Sex F	Race W	Date Born	Age 53	To Age	Height	Weight	Eye Color	Hair Color	Hair Length	Complexion
	Ethnicity N		SSN	DLN License		DLN State	Employer		Employer Phone		
	Scars/Marks/Tattoos					Nickname		Additional			
	Relative			Relative Address				Relative Phone			
	Used: <input type="checkbox"/> Drug <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer		Injured? <input type="checkbox"/>		Injury Code		Nature of Injuries				
OTHER PERSONS	Involvement Type OTHER		Name PROVENZANO, RYAN				Home Phone		Cell Phone		
	Address UNKNOWN								Email		
	Sex M	Race U	Date Born	Age	To Age	Height	Weight	Eye Color	Hair Color	Hair Length	Complexion
	Ethnicity U		SSN	DLN License		DLN State	Employer		Employer Phone		
	Scars/Marks/Tattoos					Nickname		Additional			
	Relative			Relative Address				Relative Phone			
	Used: <input type="checkbox"/> Drug <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer		Injured? <input type="checkbox"/>		Injury Code		Nature of Injuries				
OTHER PERSONS	Involvement Type OTHER		Name LUTZO, CHUCK				Home Phone		Cell Phone		
	Address								Email		
	Sex M	Race U	Date Born	Age	To Age	Height	Weight	Eye Color	Hair Color	Hair Length	Complexion
	Ethnicity U		SSN	DLN License		DLN State	Employer ALGONQUIN TOWNSHIP SUPERVISOR		Employer Phone		
	Scars/Marks/Tattoos					Nickname		Additional			
	Relative			Relative Address				Relative Phone			
	Used: <input type="checkbox"/> Drug <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer		Injured? <input type="checkbox"/>		Injury Code		Nature of Injuries				
OTHER PERSONS	Involvement Type OTHER		Name GASSER, ANDREW				Home Phone		Cell Phone		
	Address 3702 NORTHWEST HWY CARY IL								Email		
	Sex M	Race U	Date Born	Age	To Age	Height	Weight	Eye Color	Hair Color	Hair Length	Complexion
	Ethnicity U		SSN	DLN License		DLN State	Employer ALGONQUIN TOWNSHIP HIGHWAY		Employer Phone		
	Scars/Marks/Tattoos					Nickname		Additional			
	Relative			Relative Address				Relative Phone			
	Used: <input type="checkbox"/> Drug <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer		Injured? <input type="checkbox"/>		Injury Code		Nature of Injuries				
Reporting Officer Name HARPER THERESA		SO6260		Date 6/29/2018 4:07:51 PM		Approving Officer Name PATENAUE DANIEL		SO6299		Date 6/29/2018 7:40:28 PM	

<b>ORI #</b> IL0560000		<b>MCHENRY COUNTY SHERIFF'S OFFICE</b>				<b>REPORT #</b> MCSO-18-020037	
<b>PROPERTY/VEHICLE/DRUG</b>							
<b>PROPERTY</b>	Related To VICTIM , ALGONQUIN TOWNSHIP				LEADS Number		Date Entered
	Description TOWNSHIP RECORDS					Quantity 1	Value \$0.00
	Make		Model		Color	Serial Number	
	Class OTHER			Type MISC		Status STOLEN	UCR Code 0825
	Related To				LEADS Number		Date Entered
<b>PROPERTY</b>	Description					Quantity	Value
	Make		Model		Color	Serial Number	
	Class			Type		Status	UCR Code
	Related To				LEADS Number		Date Entered
	Description					Quantity	Value
<b>PROPERTY</b>	Make		Model		Color	Serial Number	
	Class			Type		Status	UCR Code
	Related To				LEADS Number		Date Entered
	Description					Quantity	Value
	Make		Model		Color	Serial Number	
<b>VEHICLE</b>	Related To			Type	VIN		Hull Number
	Owner Name			Owner Address			Owner Phone
	Make		Model		Color	Year	Style
	License Plate		Plate State	Plate Year	Plate Expires	Comments	
	Date Recovered		Veh Recovered	Initial Value	Rec Value	Stored At	
	Where Recovered		Who Recovered			Towed By	
	Vehicle Condition		Vehicle Damage			Insured By	
	Related To			Type	VIN		Hull Number
	Owner Name			Owner Address			Owner Phone
	Make		Model		Color	Year	Style
License Plate		Plate State	Plate Year	Plate Expires	Comments		
Date Recovered		Veh Recovered	Initial Value	Rec Value	Stored At		
Where Recovered		Who Recovered			Towed By		
Vehicle Condition		Vehicle Damage			Insured By		
<b>DRUG</b>	Code		Description	QTY	Measure	Est Value	Status
	Activity <input type="checkbox"/> Buying <input type="checkbox"/> Cultivating <input type="checkbox"/> Distributing <input type="checkbox"/> Exploiting Children <input type="checkbox"/> Operating <input type="checkbox"/> Possessing <input type="checkbox"/> Transporting <input type="checkbox"/> Using						
<b>DRUG</b>	Code		Description	QTY	Measure	Est Value	Status
	Activity <input type="checkbox"/> Buying <input type="checkbox"/> Cultivating <input type="checkbox"/> Distributing <input type="checkbox"/> Exploiting Children <input type="checkbox"/> Operating <input type="checkbox"/> Possessing <input type="checkbox"/> Transporting <input type="checkbox"/> Using						
<b>DRUG</b>	Code		Description	QTY	Measure	Est Value	Status
	Activity <input type="checkbox"/> Buying <input type="checkbox"/> Cultivating <input type="checkbox"/> Distributing <input type="checkbox"/> Exploiting Children <input type="checkbox"/> Operating <input type="checkbox"/> Possessing <input type="checkbox"/> Transporting <input type="checkbox"/> Using						
Reporting Officer Name HARPER THERESA		SO6260	Date 6/29/2018 4:07:51 PM	Approving Officer Name PATENAUE DANIEL		SO6299	Date 6/29/2018 7:40:28 PM

<b>ORI #</b> IL0560000		<b>MCHENRY COUNTY SHERIFF'S OFFICE</b> <b>NARRATIVE</b>		<b>REPORT #</b> MCSO-18-020037	
ORIGINAL					
<p>On Friday, June 29th at 1426 hours, I (Dep.Harper) was dispatched to 3702 Northwest Hwy., Algonquin Township for stolen records.</p> <p>Upon arrival, I spoke with Karen Lukasik. In summary Karen stated, somehow Edgar County Watch Blog has obtained records from the Algonquin Township. They have been blogging and posting the records on their blog site. The records missing are [REDACTED] video's. [REDACTED]</p> <p>[REDACTED]</p> <p>Lukasik advised it is unknown how Edgar County Watch Blog have obtained the files. Lukasik requested a report to document the incident. Lukasik had also given me a copy of emails exchanged over missing records.</p> <p>I advised Lukasik the incident will be documented and forwarded to the States Attorney's Office. This incident is not the first report of missing records and is already being investigated by the States Attorney's Office. I cleared.</p>					
Exceptional Clearance Code		Date		Internal Clearance Code	
				CASE CLOSED 09	
Reporting Officer Name		Date		Investigating Officer Name	
HARPER THERESA SO6260		6/29/2018 4:07:51 PM			
Reviewing Officer Name		Date		Approving Officer Name	
				PATENAUE DANIEL SO6299	
				Date	
				6/29/2018 7:40:28 PM	